



DSV Road (Fty) Ltd  
E/a DSV Distribution  
PC Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD29493105


<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name: <i>Atom solutions (Pty) Ltd</i>		Company Name: <i>Atom solutions Port shepston</i>				<input type="checkbox"/> Same Day	
Street Address: <i>7 Dairm street</i>		Street Address: <i>HOLD for collection</i>				<input type="checkbox"/> Express	
Suburb: <i>City Sandton</i>		Suburb: <i>Port shepston</i>				<input type="checkbox"/> With Sunrise Option	
City/Town: <i> </i> Postal Code: <i> </i>		City/Town: <i>Port shepston</i> Postal Code: <i> </i>				<input type="checkbox"/> With Saturday Service	
Contact: <i> </i>		Contact: <i>Rizal</i>				<input type="checkbox"/> Public Holiday Service	
Phone: <i>0711867829</i>		Phone: <i>083 607 8064</i>				<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> Africa		Lesotho Namibia Swaziland Other (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: <i> </i>		Analysis Code: <i> </i>				<input type="checkbox"/> BLNS Customs Tariff	

**SPECIAL INSTRUCTIONS**

Tariff Code: *027766* Bill To  Sender Consignee  Other (Name Please)

If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.

IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 1000.00 PER SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED (SEE CLAUSE 14.5, 14.6 AND 14.7 OVERLEAF)

*Tshindeni* *28-5-19*  
**SENDER'S AUTHORISED SIGNATURE** **DATE**

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<i>1</i>	<i> </i>	<i>79</i>	<i>37</i>	<i>87</i>

<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <i>BRIJ</i>		<b>Received By DSV</b> Name Of Courier (PLEASE PRINT CLEARLY) <i>MUCOBY</i>		
Date Received: <i>29 05 19</i>		Date Received: <i>29 05 19</i>		
Time Received: <i>12 33</i>		Time Received: <i>14 29</i>		
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		

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